AGENT DOCKET NO. 10420037-1**DECLARATION AND POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT FOR PATENT APPLICATION**

As the below named inventor(s), I/we hereby declare that:
My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**LAETISPICINE AND LAETISPICINE ANALOGUES, METHODS OF USE AND
PREPARATION**

the specification of which is attached hereto unless the following box is checked:

(X) was filed on July 10, 2003 as US Application No. or PCT International Application
Number 10/616,605 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification,
including the claims, as amended by any amendment specifically referred to above. I acknowledge the
duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign
application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT
international application which designated at least one country other than the United States of America,
listed below and have also identified below, by checking the box, any foreign application for patent,
inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date
before that of the application on which priority is claimed.

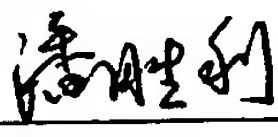
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
China	02136003.0	07/12/2002	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute the
application and transact all business in the Patent and Trademark Office connected therewith:

Practitioner Name	Registration Number
Yuan Qing Jiang	53074

I hereby declare that all statements made herein of my own knowledge are true and that all statements
made on information and belief are believed to be true; and further that these statements were made with
the knowledge that willful false statements and the like so made are punishable by fine or imprisonment,
or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the
application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:			
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Mailing Address 138 Yi Xue Yuan Road, School of Pharmacy, Fudan University			
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(Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) attached hereto.)

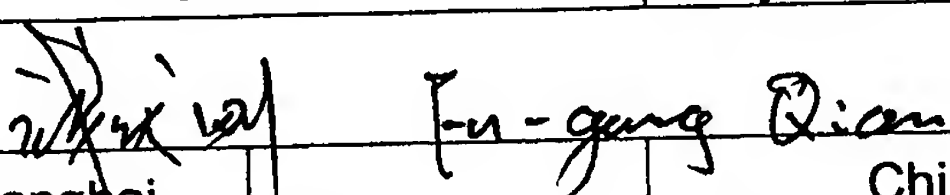
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AGENT FOR PATENT APPLICATION

ADDITIONAL INVENTOR(S)

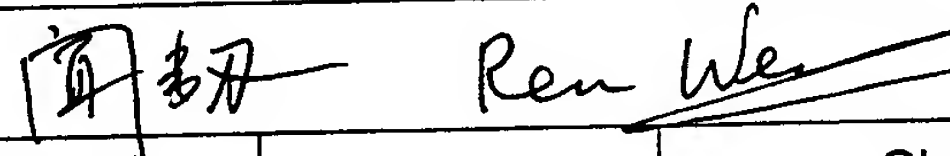
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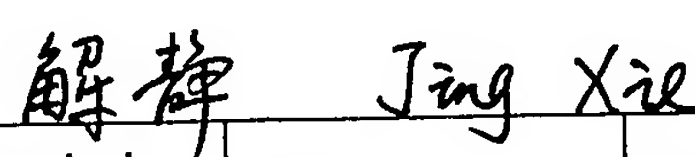
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	Supplemental Sheet
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